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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XVI

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Number 10

FOURTH LIBERTY LOAN.

The Fourth Liberty Loan campaign, which opens September 28 and closes October 19, provides a field for direct war work which no patriotic practitioner can shirk.

The size of the loan, certainly six billion dollars, probably eight billion, is huge. No sum approaching it in proportions has ever before been gathered for any purpose by any nation, nor at one time, by any group of nations. Until the Great War made the daily expenditure of hundreds of millions of dollars common, the mention of such a loan would have seemed the wildest fancy.

The enormous resources of the United States, estimated at \$250,000,000,000, and the country's annual income, now said to approach \$50,000,000,000, are sufficient guarantee that neither conscription nor confiscation of wealth or bank accounts will be necessary to raise the Fourth Liberty Loan or any others now in prospect.

Secretary McAdoo has stated officially that "the absurdity of any such fears is manifest and that any rumors to that effect are baseless." The Treasury Department, in publishing the Secretary's statement, adds succinctly:

"There is but one thing that will put in danger of confiscation the savings accounts of the American people. That one thing is a German victory."

The one thing needful to the raising of the six or eight billion dollars of the Fourth Liberty Loan in the short space of three weeks' time allotted to the task is the rousing of an irresistible determination in the heart of every man and woman of our population to make the loan an immediate and glorious success; a success as decisive as our immortal troops made in their initial charges of the war at Cantigny and Chateau Thierry.

The physician, being in daily and intimate touch

with a great proportion of the population, has a great responsibility in this direction.

He should not consider it an incidental or lesser portion of his daily routine. He should consider it as vitally important as the surgeon regards the sterilization of his instruments.

The success of the Fourth Liberty Loan is the one big vital war effort which confronts civilian America. Without it ships cannot be built, soldiers cannot be fed, guns cannot be fed ammunition.

Its partial success would bring forth a chorus of jeers from the German press only comparable to gloating over a smashing defeat of our First American Army in its operations in Lorraine. Its failure would leave the German nation laughing in the faces of our soldiers and shrink the hearts of our allies.

A rousing oversubscription will shatter the German morale beyond power of Hun leaders to repair it. Germany has proved that she cannot be starved out. The defection of Russia released huge armies that the allies never expected to confront in the West.

We can only win the war by smashing the Boche back into Rhineland in terror-stricken rout.

The Fourth Liberty Loan will help do it.

Do YOUR share.

THE DENTAL INITIATIVE.

In another column of this issue will be found a discussion of the proposed dental initiative amendments which are to be presented to the voters of California on November 5th for adoption or rejection.

This measure is as vital to the medical fraternity as is any other question dealing with the health of the people, even though it applies only to

THE HEALTH OFFICER AND THE WAR.

It is said to take nine men working "over here" to keep one soldier fighting "over there." Clearly, therefore, it is wise to keep the nine workers husky and working as well as the one soldier.

Which health officer should stay at home and who should go to war? How is the nation bearing up under the war strain? What are the special war-time health menaces of the civil population, and what are we going to do about them? What headway are we making against the venereal diseases? These are the questions to be considered at the convention of United States and Canadian sanitarians at Chicago, October 14-17, to be held under the auspices of the American Public Health Association. Among the military sanitarians who will address the meetings are Surgeon-General Gorgas, Colonel Victor C. Vaughan, and Major William H. Welch of the Army Medical Corps. There will also be papers upon laboratory, industrial hygiene, vital statistics, food and drugs, sanitary engineering, sociological, and general health administration subjects. Other speakers at the general sessions will be George H. Vincent, president of the Rockefeller Foundation; Dr. Charles J. Hastings, president of the American Public Health Association; Dr. W. A. Evans, Assistant Surgeon-General Allan J. McLaughlin, U. S. P. H. S., Dr. Ernest S. Bishop, Dr. Lee K. Frankel, Dr. Frederick L. Hoffman and others.

As the health of the civil population has a direct bearing upon the winning of the war, mayors and governors are being requested to send their health officers to the conference in spite of the present high cost of government.

URGENT NEED FOR NURSES.

Surgeon-General Gorgas has called for 1,000 graduate nurses a week. Twenty-five thousand graduate nurses must be in war service by January 1—in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service, and in Red Cross war nursing. This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in their own communities. You can help get these nurses for our sick and wounded men by bringing this need to the attention of nurses. You can relieve nurses, where possible, wholly or in part from office duty. You can see to it that nurses are employed only in cases requiring skilled attendance. You can insist that nurses be released as soon as need for their professional service is ended. You can see that your patients use hospitals instead of monopolizing the entire time of a single nurse. You can encourage people to employ public health nurses. You can instruct women in the care of the sick. You can induce high school and college graduates to enter the Army School of Nursing or some other recognized training school for nurses. Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line defense. But the men who are fighting for their country in France need the nurses.

EDITORIAL COMMENT.

Secretary McAdoo has received the following cablegram from General Pershing:

"All ranks of the American Expeditionary Forces appreciate deeply the generous measure the Government has taken to provide insurance for their families, in proof of which more than 90 per cent. of men have taken out insurance. To wisely provision for their loved ones heartens our men and strengthens the bonds that unite the Army and people in our strong determination to triumph in our most righteous cause."

The Bureau of War-Risk Insurance up to June 28 has written \$21,566,000,000 insurance, representing 2,570,455 applications. The average amount of insurance applied for is \$8,387, and in some battalions and regiments, some in France and some here, every man has taken out insurance. In some units every man is insured for the maximum \$10,000.

The *American Review of Tuberculosis* for July comments editorially on the safety first philosophy for the tuberculous. The man with arrested tuberculosis has to face, besides the popular stigma, the alternative of a life of idleness, in itself fraught with dangers of mental and physical deterioration, or venture along a risky path watching for symptoms of relapse, often too serious when once begun. There is only the middle ground for such a man which he must find for himself and be vigilant and well controlled. No test exists as yet to indicate the degree of healing of a tuberculous lesion. Many cases are discovered in persons in apparent good health and it would seem reasonable to consider that they have already demonstrated their physical fitness to continue their occupations. Such cases should receive an education and be allowed to continue in their usual vocations unless these are frankly hazardous. Intelligent caution is sufficient and until the attitude of the public is more reasonable and less hostile to the tuberculous, such instruction ought to be as free from publicity as possible. Much distress of mind may thus be prevented and the knowledge of, or the accidental discovery of, the disease will lose some of its dread significance to the hitherto unsuspecting individual.

NOTICE.

The Pulp and Paper section of the War Industries Board find it necessary to use every effort to conserve the paper supply and to reduce the consumption as much as possible. One of the requirements is that all publishers discontinue all free and exchange copies of their publications. The CALIFORNIA STATE JOURNAL OF MEDICINE is co-operating with the Board and is complying with this request, and we feel sure that this situation will be appreciated. If any of our readers to whom we have heretofore been sending free or exchange copies desire to receive our publication we will be pleased to place their names on our mailing list if they will send us \$1.00 in advance, the price of subscription.

ment are not included in Workmen's Compensation Laws. Injuries due to intoxication are not covered.

Compulsory Health Insurance, however, would not only award its benefits to the wayward worker who became ill though lax living, secret vices or intoxication, but even if his whole dependent family imitated his vicious example, all of his dependents would be included and given the same indulgent care. The sober taxpayers would pay the bill.

17. Can the Commission guarantee "specialist care" and free choice of Doctor to the individual worker?

No. The insured worker would be limited to the services of the "panel" physician he has selected. His choice would necessarily be further limited to those doctors who are anxious to join the State "panel" and have their compensation fixed by the commission. A system of optional choice, to be effective, would have to place all the doctors under compulsory control. Only that variety of "specialist" who solicits contract practice would care to give special care for \$1.00 per year. In England only the attendance of an "ordinary practitioner" is guaranteed.

18. Will the burden which sickness and disability now impose upon the Nation be relieved by Compulsory Health Insurance in California?

No. But California, instead of being the Nation's health resort, would quickly become a malingering resort for the Nation's sick. Sickness travels from State to State and its results are nation-wide. The question in its larger aspects is national and not local. To adopt a policy of Compulsory Health Insurance on partial data and "assumptions, arbitrary and crude," is dangerous. A comprehensive health survey by a National Health Commission pursuing a preventive, constructive program under the authority of the Federal Government, would economically, systematically and thoroughly deal with the problem of the Conservation of Public Health.

Statement issued by General W. C. Gorgas, Surgeon-General, U. S. A., September 15, 1918:

"The medicine of larger and higher scope is passing perceptibly out of the ordinary bedside phase of diagnosis and treatment to the state in which the little ounce of prevention is at last recognized as bettering the pound of cure."

LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH.
San Francisco.

Military News

A MESSAGE.

Each day every American soldier in France is confronted by a great duty. Our army there has a great task to perform for our country, for the world, for civilization, and for humanity. Our soldiers are doing their duty with a courage and fidelity and efficiency that thrill every heart.

Each day every American citizen at home is confronted by a great duty, a duty as imperative upon him or her as the duty of our soldiers is upon them. The American people have a great task to perform. It is to support to the limit of their ability our army, our navy, our country at war.

To work with increased energy and efficiency so that our national production may be increased; to economize in consumption so that more material and labor and transportation may be left free for the uses of the Government; and with the resultant savings to support the Government

financially is the daily duty of every American. It is a duty that will be met by every American whose heart is with our soldiers in France, who glories in their courage and fighting ability and their success.

DEATH RATE FROM DISEASE IN AMERICAN ARMIES.

A health rate, which as far as known has never been surpassed, has been established by the American armies both here and overseas. For the week ended July 26 the combined reports of the American Expeditionary Forces and of troops stationed in the United States show an annual death rate for disease of 1.9 per 1,000—less than 2 men per 1,000 per year. The annual death rate for disease of men of military age in civil life is 6.7 per 1,000.

This new rate is based on an approximate strength of 2,500,000 men, and includes men living under abnormal conditions. The overseas record was made while American soldiers were participating in the heavy fighting in the Marne salient, when they were frequently compelled to sleep and eat under the most primitive conditions.

That this record is truly representative of the general health of the troops is shown by the combined reports, which indicate the figure of 2.8 per 1,000 as the average death rate for disease during the past two months.

An idea of the progress being made in military sanitation is gained by a comparison with the following:

During the Mexican War the annual death rate for disease was 100 per 1,000. During our Civil War the rate in 1862 was 40 per 1,000, while during 1863 the rate jumped to 60 per 1,000. The disease death rate for the Spanish-American War was 25 per 1,000.

As far as available records show, the lowest figure heretofore recorded was 20 per 1,000 during the Russo-Japanese War.

Notices

COLLOQUIA.

Colloquia for physicians will be held at the San Francisco Hospital on Thursdays at 9 a. m., in the Surgical Amphitheater, on Surgery and the Surgical Specialties, and on Saturdays at 9 a. m. in the Medical Amphitheater, on Medicine and the Medical Specialties. All physicians who are interested are invited to attend.

The following are the lecturers for the month of October:

Surgery.

October 3—Dr. Emmet Rixford.
" 10—Dr. J. R. Dillon.
" 17—Dr. H. A. L. Ryfkogel.
" 24—Dr. Leonard W. Ely.
" 31—Dr. Leo Eloesser.

Medicine.

October 5—Dr. H. P. Hill.
" 12—Dr. W. F. Schaller.
" 19—Dr. H. H. Yerington.
" 26—Dr. H. E. Alderson.

Very truly yours,

W. OPHÜLS,

Dean, Stanford University Medical School.

NOTICE TO PHYSICIANS.

You are hereby warned against one "Dr. Mann," who upon September 23, 1918, called upon Dr. S. S. Bogle of Santa Rosa and Dr. Jas. W. Sewall of Healdsburg, collecting from each \$2.00 and offering his watch as security in both cases. He claims to

be suffering from diabetes; states that he is a student of Dr. Sayre. His description is as follows: Between 45 and 50 years of age; height, nearly 6 feet; about 170 pounds; smooth shaven; upper front tooth gone; speaks with a foreign accent. He claims that Dr. A. Miles Taylor and Dr. Emmet Rixford of San Francisco sent him to Sonoma County; gives the story of having a sick wife.

State Board of Health

August Meeting.

The regular meeting of the California State Board of Health was held August 3 in Sacramento. There were present Dr. George E. Ebricht, president; Dr. F. F. Gundrum, vice-president; Dr. W. H. Kellogg, secretary; Dr. Edward F. Glaser and Dr. Adelaide Brown.

A Bureau of Child Hygiene was created to be presided over by a director to be appointed by the board.

The resignation of Mr. L. B. Mallory, assistant to the secretary, was accepted, and Mr. Guy P. Jones was appointed to fill the position.

Upon the recommendation of the director of the Bureau of Tuberculosis, the subsidy for twenty beds in the Los Angeles County Hospital was restored, and the action of the secretary in restoring the subsidy to the Tuberculosis ward of the Sacramento County Hospital, effective July 15, was approved. Similarly, acting upon the recommendation of the director of tuberculosis, the board restored the subsidy to fifteen tuberculosis beds in Ward 8 of the San Francisco Hospital, effective August 3.

Acting upon the report of the director of the Bureau of Tuberculosis, the board decided to take up with the surgeon general through the proper channels the matter of making provision for many tuberculous soldiers discharged from army camps who are coming to California, making their care very difficult because of lack of facilities.

Miss Mary B. Eyre was appointed assistant inspector of Schools of Nursing, effective October 1.

Upon resolution of the board, graduate nurses from accredited schools in Utah are admitted to registration in this State without examination, upon complying with the rules and regulations of the board.

Upon the recommendation of the director of the Bureau of Sanitary Engineering, a temporary permit to supply water to its residents was granted to the city of Imperial.

Temporary permits to operate swimming pools were granted to H. A. Hamilton, Saratoga Springs Baths, Bachelor, Lake County, and to the Pacific Electric Railway Company, Los Angeles.

Upon the recommendation of the director of the Bureau of Sanitary Engineering, a permit, under certain conditions, was given to the East Bay Water Company to supply water for domestic purposes to the East Bay Cities.

A permit, under certain conditions, was granted to the city of Martinez to dispose of its sewage into Alhambra Creek, and the sewage of the Fairview section into the adjoining slough.

Licenses to operate cold storage warehouses were granted to the following: Central Cold Storage Company, San Francisco; Central Cold Storage

Company, Eureka; Chico Ice & Cold Storage Company, Chico; San Joaquin Ice Company, Fresno; The Union Ice Company, Stockton.

A large number of food and drug cases then came before the board for hearing.

September Meeting.

The regular meeting of the State Board of Health was held at Sacramento on September 7. There were present: Dr. George E. Ebricht, president; Dr. F. F. Gundrum, vice-president; Dr. Edward F. Glaser, Dr. Adelaide Brown, and Dr. W. H. Kellogg, secretary.

Leaves of absence for the period of the war were granted Stanley B. Freeborn, consulting entomologist, Bureau of Communicable Diseases; Robert N. Hoyt, State district health officer, Central Coast district, and to Frank Bachmann, chief chemist and bacteriologist in the Bureau of Sanitary Engineering.

Upon the recommendation of the director of the Bureau of Social Hygiene, Miss Elizabeth McManus was appointed social service director in the bureau.

Upon the recommendation of the director of the Bureau of Tuberculosis, sixty beds in the San Diego Tuberculosis Hospital were placed upon the eligible list to receive subsidy from the State.

Upon the recommendation of the director of the Bureau of Sanitary Engineering, a permit was granted to the city of Newport Beach to construct sewerage and sewage disposal plants under certain specific conditions; the cities of Covina and Azusa were granted temporary permits to supply water for domestic purposes from the San Gabriel River; a permit was granted to the city of Martinez to make certain proposed changes in the city sewer system under certain specific conditions. Temporary permits to operate swimming pools were granted to the Western Meat Company of San Francisco, and to J. T. Morehead to operate the Modesto Baths. A permit to operate the Meadowbrook Swimming Pool was denied to the city of San Bernardino.

Permits to operate cold storage warehouses were granted to twenty-eight warehouses, scattered throughout California. The regular hearing of food and drug cases was held before the board.

W. H. KELLOGG, Secretary.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

For many years practically all manufacturers of biological products have been supplying Boards of Health with special packages of diphtheritic antitoxins at greatly reduced prices. The difference between this anti-toxin and that ordinarily sold has always been a mystery to the ordinary practitioner. He felt that if the Board of Health anti-toxin is as good as the other, there is no reason for the great difference in price. If, on the other hand, it is not as good, it should not be used. Lately many of the manufacturers have

placed on the market this Board of Health package to be sold indiscriminately at a greatly reduced rate and it certainly seemed of interest to ascertain the exact difference, if any, between the two anti-toxins. Accordingly, three large manufacturers were written to, asking for this information. Their answers left much to be desired. From these answers we learn that the difference in price was originally made because the Board of Health anti-toxin was purchased in very large quantity and was not returnable and, besides, the manufacturers felt that they were doing a public duty in bringing anti-toxin within the reach of every community no matter how poor, even if this entailed an actual loss. As a few firms insisted on placing this Board of Health anti-toxin on the market, others followed, so that the original reasons could hardly hold. The difference between Board of Health and regular anti-toxins seems to be very largely a difference in the volume of the dose, not in its strength. Anti-toxin from different horses varies in strength and it is not practical to concentrate beyond a certain point, therefore the more concentrated is sold as the regular anti-toxin and the less concentrated as Board of Health anti-toxin. There seems to be no definite experiments to determine whether concentration is of any great importance. It is claimed by some that the larger volume injected means a greater tendency to serum sickness and that, therefore, it is advisable to use as small a volume as possible. However, there seems to be no sharp line of demarcation between the Board of Health anti-toxin and the regular anti-toxin but rather a movable standard dependent upon the relative demand for the two. Recognizing the difficulty of maintaining this difference which, at best, seems to be largely artificial, one of the most prominent houses now furnishes diphtheritic anti-toxin in only one style package and this is sold at the price formerly charged for the Board of Health package. If this course is generally followed it will make diphtheritic anti-toxin very much cheaper; it is a question, however, if this is altogether a step in the right direction. It is claimed that with the privilege of replacement and the high cost of distribution diphtheritic anti-toxin will be sold at cost, even at a loss to the manufacturer, and this will, undoubtedly, result in a poorer quality for there is no great inducement to improve a product whose sale is attended with loss. Time alone, apparently, can solve the problem to the satisfaction of all concerned.

Syphilidol is but one of the many preparations offered to physicians as improved substitute for arsphenamine. Every physician knows that salvarsan and neosalvarsan were not perfect, and hopes for something better. However, the improved substitutes will come as the result of careful scientific experiment and will be carefully tested before being offered to the profession. In the meantime the physician should avoid being exploited. Syphilidol is put up in ampoules and in tablets. It claims to be a preparation of arsenic, antimony and silver. The Council on Pharmacy and Chemistry found the tablets to contain $\frac{3}{4}$ -gr. Mercury Protiodide and the ampoules to contain less than 1/5000-gr. Arsenic. Some nostrum makers are taking advantage of the growing friendship for France by advertising preparations said to be largely used in French clinics. Many of these claims are altogether false and the physician should accept them with many grains of salt.

Recent work seems to indicate that the poisonous effects of Arsphenamine are sometimes due to the use of too little alkali in preparing the solution. On the other hand too much alkali seems objectionable causing deterioration of the vein walls. Toxic effects may result from giving the injection too rapidly and it has been suggested that small doses be given first and thus gradually lead to toleration.

New Members

Meads, Romilda P., Berkeley.
Boge, Harry G. C., Oakland.
Grissim, John D., Oakland.
McAllister, Oscar O. T., Oakland.
Small, Anna M., Oakland.
Troutman, Holmes F., Pleasanton.
Krone, Carl R., Oakland.
Hill, W. H., San Francisco.
Jones, Robert A., San Francisco.
Laughlin, C. B., San Francisco.
Watanabe, J., Los Angeles.
McCoskey, Grace, Stockton.
Edwards, S. R., Stockton.
Hoag, Ernest B., Los Angeles.
Johnson, B. W., Fresno Co.
Parrish, Frederick W., Dos Palos.
Wood, Lorin F., Point Loma.
White, Arthur H., San Francisco.
Bransford, S. G., Suisun.
Jenny, Warren C., Vacaville.

Resigned

Burkard, Adrian F., Santa Barbara.
Gould, F. S., Montecito, Cal.
Peterson, Edwin A., Vallejo.

Deaths

Phelps, Carl Elton, a graduate of the College of Medicine, University of Southern California, 1906; died in Los Angeles July 15, 1918.

Kingsley, T. H., a graduate of the University of California, 1886; died in Bakersfield, Cal., June 28, 1918.

Abbott, Edwin K., of Salinas, Cal., died June 11, 1918; was a Fellow of the A. M. A. and a Civil War veteran.

Morrill, Augustus Lincoln, graduate of the University of California, 1887; died in Antioch, Cal., June 23, 1918.

Hopkins, Thos. P., a graduate of the University of California, 1880; died in Potter Valley, Cal., first part of July, 1918.

Boynton, Sumner H., of Los Angeles, a graduate of Hahnemann Medical College, Philadelphia, 1866; died August 2, 1918; age 72.

Douglas, Chas. H., a graduate of Bellevue Hospital and Medical College, New York, 1876; died in Los Angeles August 8, 1918.

Stephens, John Miller, Pasadena, Cal., was killed by the overturning of his automobile near Santa Maria, Cal., July 10, 1918; was a member of the Medical Society, State of California.

Putnam, C. B., a graduate of Missouri Medical College, 1883; died August 4, 1918, age 57, in Napa, Cal.

Nixon, Anne W., a graduate of Cooper Medical College, San Francisco, and a member of the Medical Society State of California, died in Pasadena, California.

Ream, Wm. Roy, San Diego, Calif., a graduate of Sioux City College of Medicine, Iowa, 1902. Licensed in California, 1914, was killed by fall of aeroplane near Effingham, Ill., August 24, 1918.

Brown, Ira E., a graduate of the University of Southern California, 1904, died in Los Angeles August 13, 1918.

Lephakis, John, 233 Post street, San Francisco, a graduate of the University of Athens, Greece, 1899. Licensed in California, 1912. Died in San Mateo County, on the Crystal Springs Road, August 30, 1918.